MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5 3 0 2 4 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		2		1			57						
8		2					58						
9		(1)		1			59						
10		(1)		1			60						
11		(1)		1			61						
12		(1)		1			62						
13		(1)		1			63						
14		(1)		1			64						
15		(1)		1			65						
16		(1)		1			66						
17		(1)		1			67						
18		(1)		1			68						
19		(1)		1			69						
20		(1)		1			70						
21		(1)		1			71						
22		(1)		1			72						
23		(1)		1			73						
24		(1)		1			74						
25		(1)		1			75						
26		(1)		1			76						
27		(1)		1			77						
28		(1)		1			78						
29		(1)		1			79						
30		(1)		1			80						
31		(1)		1			81						
32		(1)		1			82						
33		(1)		1			83						
34		(1)		1			84						
35	1		1				85						
36		1		1			86						
37		2		1			87						
38		(1)		1			88						
39		(1)		1			89						
40		(1)		1			90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⬇	2	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	41	⬅	38	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	43		40				TOTAL CLAIMS						